



**APPLICATION FORM FOR EMPANELMENT OF STANDING COUNSEL IN
APCOB**

(TO BE FILLED BY APPLICANT ADVOCATES)

To
The Managing Director,
The Andhra Pradesh State Co-operative Bank Ltd., (APCOB)
#27-29-28, NTR Sahakara Bhavan,
Governorpet, Vijayawada -520 002.

1. PERSONAL DETAILS (In Block Letters)					
Name in Full					
Father's/Husband's Name					
Date of Birth					
Age on (last Date of receipt of Application)					
Nationality					
Marital Status					
Address for correspondence with PIN and Phone					
Permanent Address with PIN and Phone					
Address of office / chamber, if any, with PIN and Phone					
Mobile Number(s): Email ID:					
Are you related to any employee of APCOB? If yes, please give details (Viz, Name, Designation, place of work & Relationship)					
2. Details of Educational qualification (Commencing with the matriculation or equivalent examination)					
Examinations Passed	Name of the Board/ University	Class or Division	% marks of	Subjects	Year of passing
10th/ Matriculation					
12th/ Intermediate					

Graduation					
LLB/ Law Graduate Degree					
Post- Graduation					
Other Professional Qualifications					
3. Whether the applicant is currently on the Panel of any other Government Department/PSU/Statutory Body/Autonomous Body etc., and if yes, the details below (Self - certified copy of the Office Order/letter of empanelment may be attached)					
Name of the Department/ PSU/Statutory Body/ Autonomous Body		From	To		
4. Whether the applicant has worked as legal Researcher (LR) attached to any Court/ judge? If yes, the details and the supporting documents:					
Name of Court/ judge		Period of Research	Supporting documents		
5. If one or more advocates are associated as juniors of the applicant, their details be provided below:					
Sl. No	Name of the Advocate		Enrolment no. with date		
6. Infrastructural facilities available with the applicant (please tick if available) be provided below:					
Sl. No	Office space	Office clerk	Steno/Typist	Support staff	
7. If appointed as Standing Counsel of DCCBs in Andhra Pradesh, if any					

Sl. No	Name of the DCCB	From	To	Reasons for discontinuance
8. Whether the applicant has been engaged (through Vakalatnama) as counsel in any landmark or mother case? If yes, the particulars of the case with copy of the judgment wherein his/her name is recorded as advocate for one of the parties (Copy of order/ judgment be attached as proof):				
Name of the Court	Case title	Case Type & No.	Nature of Judgment	
9. Whether Income Tax return is being filed for last five years? Yes/No (If yes, please attach copies of ITRs)				
10. Details of Bank Account/Aadhar Number be provided below:				
Aadhar Number				
PAN number				
Bank Account Details (Bank, Account Number, Branch address and IFSC Code)				
11. Whether any proceeding has ever been commenced or is continuing before the Disciplinary Committee of the Bar Council for alleged professional misconduct?				
Sl. No.	Details of allegations and Proceedings		Findings of Disciplinary Committee.	
12. Whether any criminal complaint has ever been filed or FIR registered or any criminal proceeding has ever commenced against the applicant advocate:				
Sl. No	Details of allegations and Proceedings	Findings made by the Court	Status of the case	
13. Any additional professional qualification(s), which will further enhance the candidature, including membership of professional societies, awards and honours etc. may be listed in the box below. (Documentary proofs may be attached):				

List of documents attached:

Copy of all certificates & mark – sheets available

1. 10th - Yes/No
2. Inter/12th - Yes/No
3. Graduation -Yes/No
4. Post-Graduation -Yes/No

Experience Certificates:

(Please attach)

Others, if any (Please specify): 1.
2.

UNDERTAKING

- 1) I hereby confirm and declare that the information furnished in the application and in the attached Certificate is true/correct and complete to the best of my knowledge and belief. I have not concealed any relevant information. I am fully aware that if any of the information furnished by me is found to be false/incorrect, my candidature for the empanelment will be treated as cancelled and matter will be referred to the appropriate authority.
- 2) I also undertake to maintain absolute secrecy about the cases of the APCOB as required under the Act, Rules and Regulations thereunder.
- 3) I also undertake to return all case files and records to the APCOB as and when required by APCOB.
- 4) I agree with the Fee Schedule which will be notified by APCOB.

Signature of Advocate

Enrolment Number:

Mobile Number:

Place:

Date: